

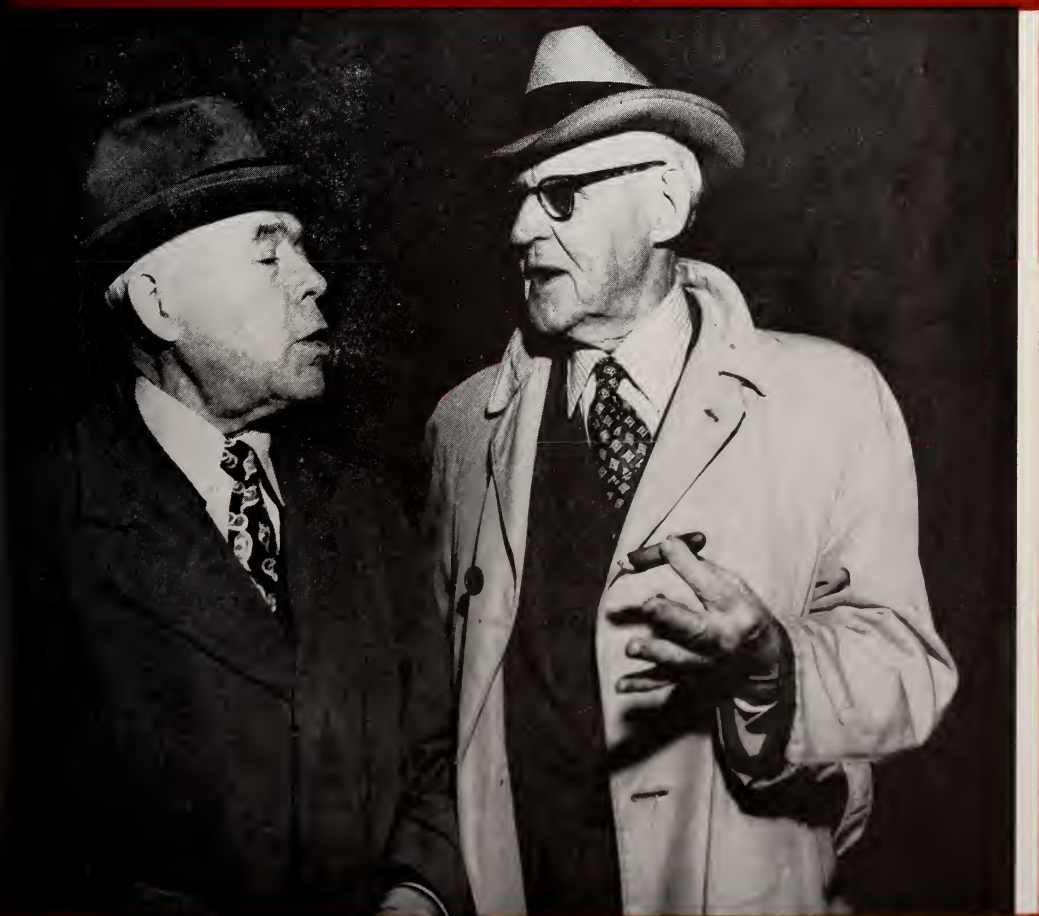
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Alumni Bulletin



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ALUMNI AND CLASS DAY ISSUE



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Harvard Medical Alumni Bulletin

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Contents

COVER—*After Fifty Years*—Nathaniel K. Wood, '01 and Albert Evans, '01 conclude that despite streptomycin, ACTH and isotopes the diagnosis is as confused as ever.

ALUMNI AND CLASS DAYS 3

MEDICINE AS A CALLING

J. H. MEANS, '11 5

DISCHARGE SUMMARY

Edward G. Dreyfus, '51 10

ALUMNI DAY SYMPOSIA 13

HARVARD MEDICAL ALUMNI ASSOCIATION PRIZE 20

REUNIONS 23

Photographs by Walter R. Fleischer, Harvard News Office,
Donald Wysham, '53 and Henry Studios.



Alumni and Class Days

This issue of the BULLETIN is devoted exclusively to a report of the reunions and the activities on Alumni Day and Class Day.

The highly successful gathering of more than 300 alumni at the Medical School on May 25 for luncheon and an afternoon of medical and surgical symposia was regarded by many as an innovation. Actually this type of meeting has been held in the past with considerable success, but for varying reasons no attempt to establish it as a regular or traditional affair has been made. Some years ago it was customary for the annual meeting of the Association to be held in Boston and at times this was combined with meetings in the local hospitals. In 1931 a splendid Spring meeting of the Alumni Association was held with a number of very distinguished speakers and with several hundred of the alumni in attendance. So successful was this occasion that it was reported and described at length in a subsequent issue of the New England Journal of Medicine. Despite the success of this meeting, the annual meeting the following year was held in conjunction with the Spring meeting of the Massachusetts Medical Society and later, in order to have a more representative geographic distribution among those in attendance, it was shifted to coincide with the annual meeting of the American Medical Association. As a result of these steps a valuable link between the Faculty and the alumni was broken. This year the Council voted to forge a new link and to make it primarily for the reunioneing alumni, thus making it possible to have a wide geographic representation of the alumni at a meeting which was held within the walls and atmosphere of the Medical School.

The rain which fell heavily through the noon hour did not dampen the enthusiasm

of the gathering. Indeed a little rain water in the salad combined with the beer to provide a singular warmth to the occasion as is evident from the accompanying photographs. Following the luncheon both medical and surgical symposia were held in the amphitheaters; these are described in detail elsewhere in this issue.

Alumni Day is to be an annual tradition. It will be held just prior to Class Day, on which the graduation exercises of the Class of that year take place. This will permit the alumni not only to have a meeting of their own, but will also give them an opportunity to participate the following day in the graduation exercises of the youngest of the alumni, the graduating class of that year. On the evening of either or both of these days, individual classes will be able to arrange their own dinners and the week-end will provide ample opportunity for picnics and family gatherings in the country or at the beaches.

In order to bring the alumni intimately into the picture on Class Day the Council has established an annual Alumni Prize of \$200.00 which will be presented to a student selected from a number of candidates to be nominated by the Dean. A description of the Prize and a note on the recipient this year will be found elsewhere in this issue.

In another year it is hoped it will be possible to circularize the entire alumni body and arrange for an even larger meeting than was held this year. Inasmuch as the reunion classes will be on hand in any event, it is felt that they should receive priority for tickets to meetings and lunches; but nevertheless it will be possible to handle a very much larger gathering and all alumni, particularly those in the immediate locale, will be welcome and will be notified well in advance of next year's meeting.



Philip D. Wilson, '12, President of Alumni Association and C. Sidney Burwell '19



William E. Ladd, '06, Philip D. Wilson, '12, J. Howard Means, '11, J. Englebert Dunphy, '33
and Dean George Packer Berry

*Medicine As A Calling**

JAMES HOWARD MEANS, '11

It gives me more pleasure than you can know to have this privilege of addressing you, because this day has a special significance both for you and for me. As your President well said in his cordial letter of invitation, we are both graduating—you from the School, I from the Faculty.

Graduations are always significant events in our lives, and usually life contains a number of them. They divide life into chapters, and each chapter has its own peculiar hazards and rewards, but let us pray that the life of each one of us shall have a strong thread of coherence running through its length which ties the chapters together, as in a well-knit book, into a meaningful whole.

I recall most vividly that day in 1911 when I stood in your shoes in this self same spot. The spot looks the same except that the trees are somewhat larger. They are not very large even now, but how terribly different the world looks! I was born and raised in the fool's paradise of the gay nineties which ran on into the nineteen hundreds until the first World War burst upon us, as far as most people were concerned, utterly unexpectedly. How smug we were in those days! The Medical School, though grounds and buildings looked much the same, was really very different. To enter it, all you had to do was turn up on the day in September on which the term opened, armed with a bachelor's degree and a few pass marks in required subjects, and sign on. Even at that my class enrolled only 91 members. After getting in it was easy to remain. There were no general examinations. All we needed to do was to get pass marks in our individual courses, and then at the end of four years the Alma Mater handed us an M.D. degree. When I think of the competition you had to survive to get in, and the general examinations you have had to face, I feel

very humble indeed. It is of the nature of man, that when he has gained entry himself to a desirable place, he makes it more difficult for others to follow.

But your generation has one great advantage over mine. The world has been in torment ever since you were born, that is its normal state as far as your personal experience goes, which means that you are vastly better able to take what you must, than were we. Being forewarned, you are prepared for the worst, to meet it with courage and strength of heart. But then perhaps the worst will not happen, and in that case what joy will be yours!

I have given some thought as to what, on this—for you and me—momentous occasion, I can best say to you. A few words perhaps on the motivations, attitudes, and philosophy of the physician, the satisfactions and the dangers in the way of life of the doctor, may be appropriate.

Richard Cabot, one of my teachers, a Professor of Clinical Medicine in this School, wrote a book called "What Men Live By." I never read the book, but on the cover it bore a device which I thought got at the essence of his subject admirably. It was a cross, and on its arms the words—"Work", "Play", "Love", and "Worship." These indeed are necessary to the good life, that of the physician no less than anyone else. A life without love we can all agree would be an empty and frustrated existence, and a life without religion of some sort is without meaning. I will not dwell on love and worship; but of work and play in general, and in particular the work of the physician, I will speak briefly.

In the first place, people who work fall pretty much into two groups—those who enjoy their work for itself and wish to continue at it as long as the Lord will let them, and those to whom work is a chore done merely to make a living, and in the hope that enough of the wherewithal can be laid by so that some day they can retire and

*Delivered at Class Day Exercises, May 26, 1951.

spend the rest of their days in blissful loafing or pure play. There are many types of work in this world that have to be done, that cannot by any stretch of the imagination be called enjoyable, although you would be astonished to find how enjoyable a job which is thoroughly revolting to you may be to another.

Medicine as a calling, offers great possibilities of happiness; it also has perquisites, a high degree of security, because the doctor possesses a skill that is always marketable, and nowadays, so we are told, higher pay than any other of the professions. But I hope it is not for these material reasons that you have gone into medicine. The profit motive is not conducive to noble-mindedness in the practice of medicine. I hope it is because you are fired with scientific curiosity, and gain satisfaction in solving the problems of the patient. I hope too that you love to teach. Medicine peculiarly offers the opportunity to teach to all her members. Many of you will have teaching positions in medical schools, others will have opportunities to teach house staffs. All of you will have the duty of teaching patients, colleagues, nurses and your non-medical fellow citizens. But do not forget that from all of these you also can learn. Take care that you never reach that pitiable state in which you cannot receive new ideas objectively.

There is no one in the community who has greater need to scrutinize his own motivations than has the doctor, to ask himself many a time and oft, "What makes me behave the way I do; indeed, how actually do I behave, and how does my behavior affect my patients or other people?" In other words, indispensable to the good physician is insight—insight into self as well as into others. He whose own motives are confused, whose own sentiments are obscure to him, cannot heal others. Physician, thou first must know and heal thyself.

The qualities of character necessary to the good physician are set forth clearly in the Hippocratic oath. Alpha Omega Alpha has done well to take this formulation

as its moral guide. Dean Sperry in his book, "The Ethical Basis of Medical Practice," which every one of you should read, says that so far as he knows "the Hippocratic Oath has no parallel in the history of morals. Many ancient religions have the most detailed rules for their priest-hoods, but these provisions concern ceremonial rather than ethical matters."

An essential ingredient in the make-up of the good physician is conscience; super-ego the Freudians call it. I prefer the old-fashioned term. Most of us, I am sure, have consciences, and how at times in the practice of medicine they do plague us! I have always thought the words of the English prayer book, "We have done those things which we ought not to have done, and we have left undone those things which we ought to have done, and there is no health in us," apply particularly to the practice of medicine. Certainly the doctor should make this confession in his heart at frequent intervals in all sincerity, but he should also take it as a challenge to do better and not let it get him into the way of despair. Since we are not omniscient, we are bound to make mistakes in the practice of medicine. Some of these may do our patients serious injury. Some may cost a life. I would make the points, however, first that we must seek to profit by our errors, and second, that when they appear due to what may be reasonably called normal human frailty, we do not permit ourselves to become overly depressed by them. When, however, it is clear to us that there is an element of negligence, then our consciences will truly plague us, and rightfully so. He who has no conscience is unfit to practice medicine.

And this brings me to the matter of responsibility. It is amazing in present-day society, how many persons shirk or shun responsibility. We have run into a great buck-passing era. The doctor must take and meet his responsibilities, and in the main he means to do so. Sometimes, however, in the complexities of modern medical care, the question, who is responsible

for what? becomes obscure. A state of affairs has developed in which many doctors of different skills may be needed in the care of a single patient. It is because of this that group practice has developed. I am convinced that group practice, of one sort or another, is indispensable in modern society, if all the people are actually to get medical care as good as that which existing medical knowledge makes possible. A host of specialists are constantly in demand, nor can topnotch care be given without them. Yet the more specialized they become, the less are they competent to take responsibility for the care of the patient as a whole. Therein lies one of the great paradoxes and frustrations of modern medical practice, and every effort must be made to overcome it. The solution lies, I think, in bringing about a state of affairs in which, in every case, no matter under what circumstances medical service is being provided, some single physician must have final responsibility for the care of the patient as a whole. In other words, some one doctor must be in command, and remain so until he relinquishes it to another, either at his own desire or the patient's. When a general practitioner is in charge of a patient there need be no fuzziness about responsibility. The general practitioner is obviously in command of the whole situation. If he calls in consultants, then it is his responsibility whether to follow their advice or not. When he sends the patient for study to a hospital in which he has no ward privileges, the hospital staff becomes responsible. The situation is not so clear, however, when a patient, as often happens, goes first to a specialist, let us say an ear, nose, and throat man. What is the responsibility of the specialist under such circumstances? My philosophy would be, under these circumstances, the specialist being a doctor of medicine, being in fact the only doctor in the case, in spite of being a specialist, perhaps a rather narrow specialist, is still responsible, until he turns the case over to another, for the patient's total medical welfare. What actually happens, I

suspect, in most such instances, is that the specialist goes sweetly along examining and caring for only part of the patient, unless some symptom or local sign suggests to him that more than local disease exists; then he calls for help. Because hidden disease may produce no symptoms, there is always some risk in caring for a local disease without proper study of the whole patient. The demands of adequate medical care are met when a physician capable of studying the patient as a whole is consulted first and does the necessary referring to specialists.

While we are on specialists I would like to read you some words which appear in the "Report of the Study for the Ford Foundation on Policy and Program." They have to do with specialism and also with leadership—the latter too being a major problem in medicine today.

"If we are to train youth for effective citizenship, and particularly if we are to prepare those suited by interest and capabilities to assume roles of expertness and leadership, we must bring about a satisfactory relationship between general and special knowledge. While specialization is to be encouraged as a proven technique for the acquisition of knowledge and for its application in our complex society, we must strive to educate as many persons as possible to understand how specialized knowledges fit together for the constructive interests of society as a whole. This means more than graduating adequate numbers of specialists and generalists; it will require the development in both of an understanding of their relations one to the other and of the relations of both to society. We are today turning out too many specialists who lack a sense of the meaning of what they learn for our society as a whole.

"This tendency is especially noticeable in graduate education, upon which we depend for so many leaders, and is particularly evident in our professional schools, because of the heavy vocational emphasis. These schools have failed to bring their teaching into full relation with human and social problems, and to give their graduates an understanding of the social implications of their work. In law schools, for example, which are a major source of our leaders in public life, there is a signal failure to broaden and adapt instruction to the realistic needs of democratic society; in medicine, our doctors tend to receive insufficient understanding of their relation to society as a whole."



Two Deans are briefed on alumni affairs by Bill Bentinck-Smith, Editor of the Harvard Alumni Bulletin



Robert E. Gross, '31 contemplates the rain water in his coffee while J. E. Dunphy, George B. Wislocki, Dean Berry and Sidney Farber look on

You may say, why tell us all this the day we graduate? It is not too late! You are young; you have ears to hear and eyes to see, and brains to think with, if you will take time to use them for that purpose. Actually Dr. Rutstein, and before him, Dr. T. Duckett Jones, have exposed our students to some of the broad social, political and economic problems which deeply concern the medical profession. They have wisely seen to it that both sides of controversial issues have been presented, thus obliging you to think the matter through for yourselves and form your own opinions.

The medical profession in this country today, that is to say the guild, has allowed itself to fall into a state of mental isolation from the rest of the community. To criticism of any sort of its public behavior, it has become rudely intolerant. Fighting to preserve its ancient perquisites, which it fancies are threatened, it rationalizes its behavior as being in the general public interest. If anyone dares to doubt the validity of this position he is scolded in a manner hardly becoming among members of a supposedly learned profession.

Into this situation you are about to be precipitated. I wish that we had given you a more thorough preparation. Curriculum and pedagogic reform proceed slowly, but there is some evidence that it is being speeded up now. All that I hope is that you will think as rationally as possible, that you will consider the public relations of medicine as much your concern and responsibility as the medical care of your patient, that you will have as much conscience about them. You will be the medical statesmen of tomorrow, therefore, beware of pressures of all kinds, half truths and propaganda. Fight to preserve your individual and independent judgment. It will not be easy. Promote what is best for all the people.

And thus we come to the fourth item in the tetralogy of Cabot—play. You will recall that I contrasted those who love their work with those who work so they may

eventually cease work, and spend full time on play. Of course many people find happiness in this latter sequence, but I believe greater happiness is to be had if work and play, throughout life, are blended. Play, as I use it, and as I believe Cabot meant it, signifies more than mere amusement or therapy of boredom. "Avocation" perhaps better conveys the idea—a subordinate occupation done purely for enjoyment, a hobby, if you will, gratifying, I believe, in direct proportion to the degree in which it is creative, in the extent to which it gives expression to the deeper yearnings of the personality. It may be anything from stamp collecting, if that expresses your personality, to reading the Greek poets. It may take the form of artistic expression, or participation in public affairs. I greatly admire one of our alumni with whom I have recently foregathered, who has built up a busy and soul-satisfying general practice, in one of New England's smaller cities. He has also found time to engage actively in its public affairs, even serving as mayor, and finding satisfaction in such service. He also has a happy family. His life is a complete one.

That very wise man, Mr. Winston Churchill, has got at the heart of this matter with his customary perspicacity. I would like to quote from his essay, "Painting as a Pastime." It is a literary gem and a penetrating analysis. Mr. Churchill says:

"Many remedies are suggested for the avoidance of worry and mental overstrain by persons who, over prolonged periods, have to bear exceptional responsibilities and discharge duties upon a very large scale. Some advise exercise, and others, repose. Some counsel travel, and others, retreat. Some praise solitude, and others, gaiety. No doubt all these may play their part according to the individual temperament. But the element which is constant and common in all of them is Change.

"Change is the master key. A man can wear out a particular part of his mind by continually using it and tiring it, just in the same way as he can wear out the elbows of his coat. There is, however, this difference between the living cells of the brain and inanimate articles: one cannot mend the frayed elbows of a coat by rubbing

the sleeves or shoulders; but the tired parts of the mind can be rested and strengthened, not merely by rest, but by using other parts. It is not enough merely to switch off the lights which play upon the main and ordinary field of interest; a new field of interest must be illuminated. It is no use saying to the tired 'mental muscles'—if one may coin such an expression—'I will give you a good rest,' 'I will go for a long walk,' or 'I will lie down and think of nothing.' The mind keeps busy just the same. If it has been weighing and measuring, it goes on weighing and measuring. If it has been worrying, it goes on worrying. It is only when new cells are called into activity, when new stars become the

lords of the ascendant, that relief, repose, refreshment are afforded."

Ergo, develop a hobby. Develop it now if you haven't done so already. Develop several if you wish, but one of them should be paramount, and carry it, or them, along with your work, throughout life in sweet proportion.

And thus dear friends, I bid you farewell, and my hope is that in your work, your play, your love and your worship, you will find happiness.

*Discharge Summary---HMS '51**

EDWARD G. DREYFUS, '51

O decane honorate et professores illustrissimi, vos saluto. O hospites nobilissimi feminaeque maxima pulchritudine, qui hodie ad scholam medicinam harvardianam in via Louis Pasteur convenerunt, vos saluto. O amici mei comitesque, qui brevi tempore hinc exibunt, ave.

Each profession has its special jargon. Over the centuries, the medical profession has required its students to use a stylized form of address known as the case-history. This is about the only thing medical students are allowed to say except, of course, "I don't know, sir." The case-history is the result of hours of prying and prodding into the patient's innermost secrets, past and present, and includes all the details of his hospital stay. Now, when the patient leaves the hospital, a discharge summary is written, giving the salient features of the history, diagnosis and hospital course. It is usually the only legible part of the patient's record; and therefore I should like to present today the discharge summary of a patient at this institution—Harvard Medical Student 1951, or, as we shall call him hereafter, HMS '51.

Chief Complaint—This was the first admission of this Harvard Medical Student, HMS '51, who entered with a chief complaint of anxiety of sudden onset.

Informant—The patient's secretary, who is a Bostonian and therefore interested and reliable.

Present Illness—The patient was in his usual state of health until about four years ago, when he first noted (to use his own words), "I felt anxious. I was scared of law school; I was scared of earning a living; and I felt that medical or dental school offered the best hope of postponing life's major decisions." He accordingly presented himself at the Admissions Office, referred here by at least two of his professors of science.

Family History at that time was essentially positive.

Marital History included 23 wives and 7 children.

Past History showed that HMS '51 had been born in 30 of the United States, as well as Hawaii, St. Lucia, India, and Afghanistan; and that he had attended about 75 colleges and universities, with seven master's degrees, three Ph.D.'s and five D.M.D.'s. With a remarkable display of

*Presented at Class Day Exercises, May 26, 1951.

Harvard indifference to the usual premedical routine, he had devoted much time in studying philosophy, literature, art and music, with only minimal inclusion bodies of the so-called sciences.

Social History was not what it was later to become.

System Review was as usual essentially non-contributory.

Physical Examination at the time revealed a 23.3-year-old student in a complete fog. Although apparently able to maintain an upright position, he rarely did so voluntarily. Physique was otherwise insignificant.

Laboratory studies were as follows: His blood, which was thicker than water, lacked the normal crimson hue because of large admixtures of Ivy League blue and orange and black blood. An electrocardiogram revealed a lonely heart. An electroencephalogram showed an earthquake in California.

HMS '51 was accordingly admitted to this institution for study and treatment on September 22, 1947.

Admission Diagnoses were: 1) ? Medical Student; 2) ? Dental Student; 3) No question, misfit; 4) Infectious Mononucleosis.

Hospital Course—The original symptoms of fear of law school, fear of earning a living, and indecisiveness were replaced in the second week by feelings of inadequacy, ignorance, futility and a generalized sense of being already six weeks behind. He viewed with envy the exalted professions of the Law, Theology and Gas Station Attendant. These symptoms have increased to the present.

HMS '51 rapidly became a typical institutionalized subject. He was invariably late to breakfast, late to class and late to bed. He was invariably early to the baseball game. Somehow, with the aid of Warren's Handbook of Anatomy, Little Anderson's Synopsis of Pathology, and Goodman and Gilman's Handy Household Remedies (1815 edition), he learned enough to fool no one, except the National

Board of Medical Examiners. He completed his preclinical, or sub-clinical, course, "with scalpel and forceps flashing." Discharge was seriously considered at this time, but was decided against when HMS '51 promised to stay in and study at least two nights a week.

In the third year, HMS '51's condition became more and more confusing and so he was often transferred to nearby inside hospitals for special study. It became apparent that blood transfusions were desperately needed, and these were fortunately provided by the University of North Carolina, Dartmouth, the School of Dental Medicine and other institutions. Fluids were frequently forced, occasionally ad nauseam, thus keeping the Brigham Liquor Mart in blue chips. Blue chips were also occasionally forced in Vanderbilt Hall Common Room on Saturday nights.

About this time he developed a touch of schizophrenia, or split-personality. The other half of the split, Harvard Dental Student 1951, was noted to be suffering from oral aggression, and gradually became a master in the art of bit and brace. Latterly, only his friends would entrust themselves to him; the results have not yet been forgotten.

But to get back to HMS '51, it must not be supposed that he spent *all* his time in the hospital. He became more and more ambulatory—that is, harder to find in the afternoons. He took to raising tropical fish, running day camps, and conducting radio programs. He seemed anxious to pack into his last weeks here enough memories of dances, beach picnics and musical extravaganzas to let him pass his comprehensive examination, before such time as he would be discharged to another institution for convalescence and rehabilitation.

It was obvious by the end of his stay, that HMS '51 had, as the saying goes, "brushed up his Kinsey." He now had 62 wives and five husbands, and 50 children, ranging in age from 6 years to minus 6 months.

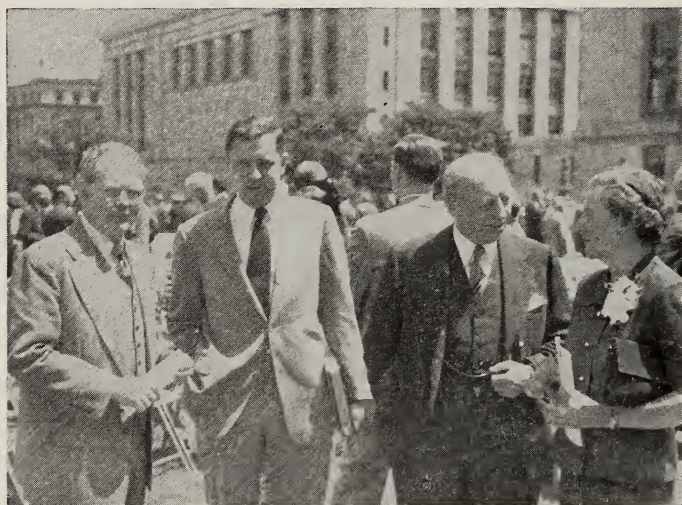
Opinion was divided concerning his prognosis. He accepted 58 internships in

medicine, 30 in surgery, 9 in pediatrics and 48 rotating or mixed, of which two-thirds are outside of Boston. As the time for his discharge drew closer, his original symptoms of anxiety returned, accompanied by acute nostalgia and a sense of impending doom. However a final blood count revealed that his blood was now of uniformly crimson hue, which made it obvious that he could be safely discharged to the care of his local medical doctor, Dr. Aesculapius.

As he paused on the steps with his little black bag, on May 26, 1951, his 1342d hos-

pital day, HMS '51 was heard to say, "To you, O honored dean and most illustrious professors, so long doc, and thanks. And to you, most noble guests and ladies of greatest pulchritude, assembled today at the Harvard Medical School on Avenue Louis Pasteur, thank you for coming to our party. And to you, my friends and colleagues who will soon depart hence, in the words of the poet Virgil, 'Forsan et haec olim meminisse iuvabit'—'Perhaps it will make you happy, one day, to remember all these things!'"

Signed, HMS iv



J. Englebert Dunphy, '33, David D. Kliever, '51, first recipient of the Alumni Prize, Philip D. Wilson, '12, and Mrs. K. B. Wilson, Executive Secretary.

William J. Collins, '98 and M. M. Dunphy congratulate Dave Kliever



Alumni Day Symposia

MEDICAL PROGRAM

A distinguished array of Harvard scientists and teachers were assembled in Amphitheater B on the afternoon of Friday, May 25, to entertain and instruct the returning alumni. The program was as follows:

Dr. William B. Castle—Chairman.

Dr. James Howard Means—Some Trends in Medical Education.

Dr. Herrman L. Blumgart—Current Medical Interests at Beth Israel Hospital.

Dr. George W. Thorn—Measurement of Adrenal Function in 1930 and 1950.

Dr. Derek E. Denny-Brown—Problems in Relation to Cerebrovascular Disease.

Dr. George B. Wislocki—The Growth of Deer Antlers and its Hormonal Regulation.

Dr. Samuel A. Levine—Worry: Where will it get you?

The symposium was directed by Dr. William B. Castle who welcomed the audience with a few well chosen words. Apologizing for the inclemency of the weather he pointed out that the continuous struggle of man with the climate in Boston serves to strengthen the robustness of his character. He went on to recall with nostalgia the pleasant dreams which many of his audience must have enjoyed during after-luncheon lectures in this amphitheater in their Medical School days. He called attention once again to the leaky corridors leading from Building A with their nostalgic stalactites. The only changes in the physical equipment of the Harvard Medical School, he stated, were the institution of swinging doors between the buildings in order that, should a professor in one building set the world afire, the conflagration could be prevented from consuming the entire School. He concluded in a more serious vein with the warning that the growth of research must not permit the teaching of medicine and care of the sick to be neglected in the Harvard Medical School.

The rostrum was then turned over to the first speaker of the afternoon, Dr. James Howard Means. By way of introduction Dr. Means stated that in the last thirty years advances in science have been prodigious, but in education halting. The aim of the Medical School, he went on to say, is primarily to train doctors and, as a vital by-product, to discover the original investigator. The problem of recruitment of medical students is foremost among the problems of medical schools today. Thirty years ago any man fulfilling the requirements for medical school was admitted upon presentation of his college transcripts. Such methods of self-selection by the applicant existed at that time because it was possible to find only ninety-one students who had successfully fulfilled the premedical requirements for the class of 1911. At present, 1,500 students are competing for 114 places in the Harvard Medical School, and in the country over there are three times as many applicants as can be accommodated in medical schools. This situation has raised havoc in colleges where an atmosphere of competition for high grades arises and frustration is rampant. The ability to judge the important qualities of motivation, integrity and character is thereby rendered more difficult. Dr. Means suggested that college and medical school should get together and select the medical students in their first year of college, setting up a six- to seven-year course, during the first part of which a broad general education would be provided with gradual evolution into the more specialized field of medical science in the latter years.

He remarked on the two major advances in medical education which had occurred in the past thirty years. The first was the rise of the teaching of social service in medicine, and with it the personal approach to the patient which was pioneered by Ida Cannon and Richard Cabot in the twenties. An extension of this is the present-day emphasis on the teaching of

preventive medicine. The second great advance and the only important curricular reform was the introduction of the clinical clerkship in 1912. Dr. Means recommended that the clinical clerkship be placed in the third year curriculum and that more application of the broad principles of medicine be taught during the clinical years. He terminated his remarks by quoting one question from a recent questionnaire circulated by the Harvard Medical students: "Is there too much chicken in third-year teaching?"

* * *

Dr. Means was followed by Dr. Blumgart, who took his audience on a sample ward round. The first case was a child from the Children's Hospital with severe purpura for which no evident cause had been found. Through studies carried out by Dr. Alexander it was discovered that the child was unable to form thrombin at a normal rate. Knowing that normally the conversion of prothrombin to thrombin once begun is carried out with ever increasing velocity, Dr. Alexander had been able to isolate a factor from normal serum which was responsible for this mechanism and which he termed the prothrombin conversion accelerator. He was then able to demonstrate that the child with purpura was deficient in this factor and that her bleeding tendency could be arrested by its administration. In this way the importance of this factor in the physiology of blood clotting was demonstrated and once again normal physiological processes were revealed by their pathological disturbances.

The next patient was a woman critically ill with severe convulsions and stupor resulting from toxemia of pregnancy. She was treated by Dr. Meilman with protoveratrine. Her blood pressure soon began to fall, her convulsions ceased and she recovered uneventfully. This drug has been shown to act by stimulating the Jarisch-Von Betzold reflex in the left ventricle to produce peripheral vasodilatation. The fi-

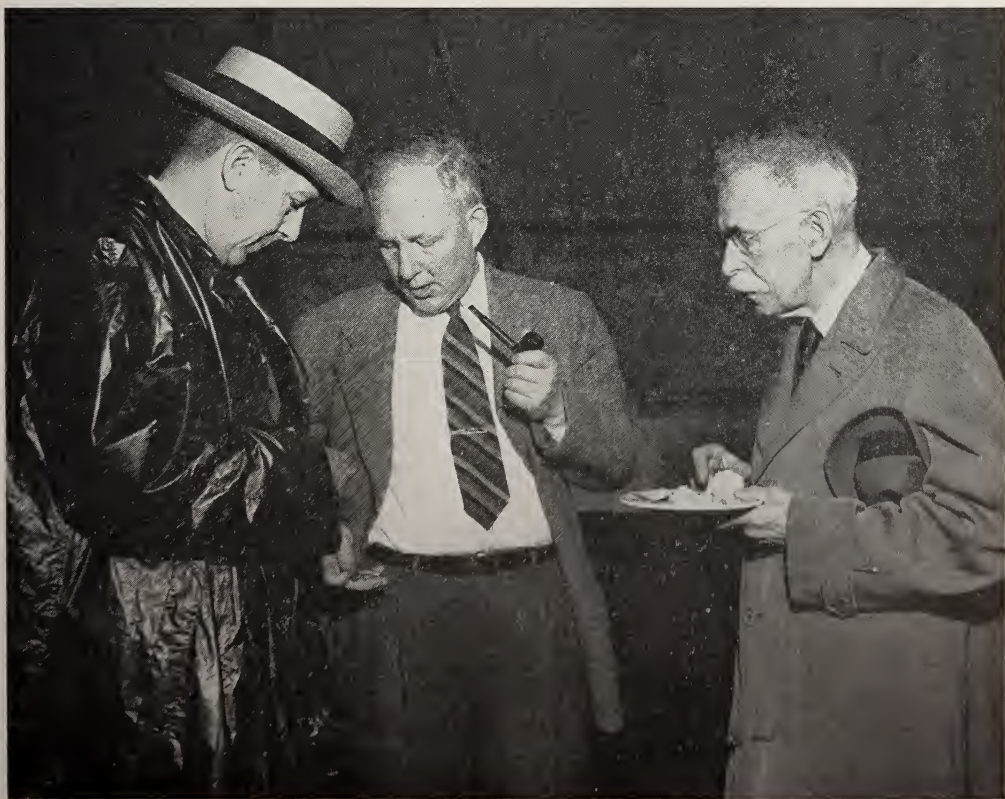
nal patient was a man with intractable angina pectoris who was also suffering from cardiac failure and in whom all medication for relief of angina had failed. He was given massive doses of radioactive iodine sufficient to destroy the function of his thyroid gland. Within three months his angina had disappeared and it was possible to keep him comfortable. Forty cases have been treated in this manner. Angina has improved in two-thirds of the cases and cardiac failure in one-half.

* * *

Dr. George W. Thorn spoke next on measurement of adrenal function in 1930 and 1950. He traced the advances in our understanding and ability to define objectively the state of activity of the adrenal gland from the relatively crude clinical observations first described by Thomas Addison in 1856 and only slightly refined prior to 1930, through the discovery of the synthesis of the adrenal cortical hormones and the isolation and characterization of ACTH. He discussed the use of these hormones both in the evaluation of adrenal cortical activity and in the treatment of adrenal cortical insufficiency, pointing out the tremendous advances in the management of patients with Addison's disease made possible by these discoveries. He showed how today it is possible to measure a person's reaction to stress, either physical or emotional, by the simple procedure of doing a quantitative eosinophil count. As an example he cited the studies carried out on the Harvard crew before and after the Harvard-Yale race. At the end of the race all the crew members except one showed a fall almost to zero in the level of their circulating eosinophils. The one member who showed a less pronounced fall was both the heaviest member of the crew who had to exert himself least and also the most placid and imperturbable. Interestingly enough, both the coach and the coxswain who experienced only the emotional and not the physical stress



Preventive medicine versus private practice—David D. Rutstein, '34, John R. Graham, '34, and Harry L. Mueller



Time for the symposia—Charles C. Lund, '20, Arthur T. Hertig, '30 and Frederic T. Lewis, '01



Derek E. Denny-Brown and Maxwell E. Macdonald, '21

showed an eosinophil fall as great as the members of the crew. Dr. Thorn looked into the future and prophesied a little of what we might know in 1960 concerning the activities of the cerebral cortex as revealed to us by cortisone stimulation.

Dr. Derek E. Denny-Brown spoke on problems in relation to cerebral vascular disease. He discussed some of the projects under study and some of the advances made at the Neurological Institute of the Boston City Hospital. First, he mentioned the advances made in our knowledge of Wilson's disease which has been shown to be associated with an inborn error of copper metabolism. He then went on to describe the characterization of the symptoms of chronic stenosis of the basilar and internal carotid arteries which had been worked out by Drs. Adams and Kubick. These conditions result in recurrent transient monoplegias occurring frequently in young people lasting from ten minutes to three days and may include temporary blindness. The symptoms result from any condition which may produce lowering of the blood pressure. Stellate block and vasodilating drugs which have been recommended in cerebral arteriosclerosis with thrombosis or hemorrhage do no good and may do harm in these conditions. Six per cent CO_2 and oxygen appear to help as does the cautious use of vasoconstricting agents. The proper knowledge of the symptom complex of chronic stenosis of the basilar or internal

carotid arteries makes arteriography and encephalography unnecessary in making the diagnosis.

* * *

Dr. George B. Wislocki came up with an entertaining and most interesting paper on the growth of deer antlers and its hormonal regulation. In speaking on this subject he sat in his Chair of James Stillman Professor of Comparative Anatomy rather than in that of the Hersey Professor of Anatomy. Apparently the male deer begins to grow his antlers from genera in the frontal bone in April of each year. At first, the antlers are covered with a fine, soft velvety epithelium. In October this velvet, as it is called, disappears and in January and February the antlers are shed. The deers' testes also undergo an annual cycle of activity which is greatest in late summer and fall at the time the velvet is lost, and least in the winter and spring after the antlers are shed and during the growth of the new ones. Castration prevents the loss of velvet and shedding of the antlers. If castration is performed after the loss of velvet, however, the antler is shed but grows again next year and becomes permanent. A new antler continues to grow each year resulting, over the years, in great numbers of distorted antlers. Dr. Wislocki described a pellet gun devised by Dr. Waldo of the School of Dental Medicine by which testosterone pellets could be shot into the hide of a deer from a safe distance. By this means it was found that testosterone will cause shedding of antlers in castrated deer but also causes the development of antlers in female deer. The Harvard comparative anatomists have postulated the theory that there is a cyclic pituitary growth hormone which is most active between March and July causing the growth of the antler and at the same time suppression of testicular activity. With the decrease in activity of the growth hormone occurring in late summer the testes are released from inhibition and induce first loss of antler velvet which is followed later by

shedding of the antler itself after the rutting season is over.

* * *

The final paper on the program was presented by Dr. Samuel Levine. Contrary to the expectation of the audience he stated that worry is a precious asset to a physician. A doctor is a born worrier. He starts to worry in earnest while still in college wondering if he can get into medical school. He continues to worry in medical school about obtaining a good internship, and for the rest of his life he has his patients to worry about. With all these worries it is vital for him to know when to worry. There are two situations in medicine which are deserving of worry: first, in the field of diagnosis the doctor's worry must be "has the patient a curable disease?" and, second, in the field of treatment "is there anything further that can be done for the cure or comfort of this patient?" Dr. Levine cited an instance in which he had made a diagnosis of cord tumor in a patient who had been treated for two years with the hopeless diagnosis of amyotrophic lateral sclerosis. The patient underwent an operation and was cured. Such is the reward of worry. The doctor must maintain his concern for his patients after he leaves the sickroom, and must spend much of his spare time thinking about them. Worry makes a physician do a common job uncommonly well. When interviewed later Dr. Levine said that he didn't allow his worries to keep him awake at night.

SURGICAL PROGRAM

A common forum for leaders in the surgical departments of the several teaching hospitals is seldom provided. With the help of two talented interlopers from other departments, the afternoon symposium on Alumni Day was a notable exception. The program was as follows:

Dr. Robert E. Gross,—Chairman.

Dr. Edward D. Churchill—Education and Training in Surgery.

Dr. Merrill S. Sosman—"X-ray Conference."

Dr. Francis D. Moore—Surgery as a Field of Biology.

Dr. Grantley W. Taylor—Current Problems in the Surgical Treatment of Cancer.

Dr. Sidney Farber—Current Problems in Cancer Research.

Dr. John Homans—Swings and Cycles in Surgery.



"We prefer the Country Club"—William C. Boeck, '26 and Monroe J. Schlessinger, '26

Preservation of lines of communication between surgery and the exact sciences is, in Pete Churchill's mind, one of the important mechanisms in modern surgical education. He spoke informally, outlining the changes in surgical education in the past fifty years, and emphasized that it is impossible to describe an educational process because by its very nature it is continually changing. We educate students to engender change, and graduates, even those who stay in teaching, by definition lag behind students of later generations and hence often quarrel with a new system.

The responsibility of surgeons towards surgery is, he said, like that of society towards the atomic bomb. Anesthesia and asepsis and the later great technological advances have given us tools which if ineptly used on an individual can kill him just as dead as can atomic energy ineptly or unwisely used. As a result the period of post-graduate training in surgery has of necessity become concentrated in the five years of residency, whereas in the old days it

progressed, often at the expense of the patient, over many years of a doctor's life.

Other surgical advances in 50 years have been, he pointed out, concentration on the study and treatment of basic causes of diseases or symptoms rather than on their local or symptomatic manifestations, the use of the methods of exact science, such as the blood volume determination rather than the scratching of a match on the tongue to evaluate dehydration, the study of the special syndrome induced in the patient by the operative ordeal itself, and finally the recognition of the importance of keeping the communication lines open between surgery and the medical sciences so that pertinent useful advances can be applied to the patient without delay.

* * *

Roentgenology must not be taught to students as a specialty. This was the burden of Merrill Sosman's message. He spoke of his attitude toward the teaching of roentgenology to undergraduates. Its primary object, in his mind, is to induce them to think well in relation to medical problems. The x-ray conference, he then proceeded to demonstrate, was the most effective way of doing this. Using the front



"I make the students think"—J. E. Dunphy and Merrill C. Sosman

row, which was comprised of the other speakers on the program, as "students", he showed in his inimitable fashion how plain thinking in relation to a case can with the aid of x-ray films make the diagnosis. Hemachromatosis was diagnosed from the density of the liver, vitamin D intoxication from an unusual calcification around joints, and infarction of a malignancy in an undescended testicle from an abdominal shadow detected by x-ray, associated with an absence of a testis from the scrotum. His final tour de force was to show an aortogram of a patient with thrombosis of the abdominal aorta, but with adequate circulation to the legs. He then recalled that the postmortem had disclosed a similar lesion in one of the most distinguished members of the Surgical Department of the Harvard Medical School—Harvey Cushing.

* * *

Only in the last decade, according to Frannie Moore, have the two disciplines of clinical surgery and basic medical science begun to meet. It has taken an appreciation of the importance of the biologic response to injury to bring this about. The dawning realization that every surgical operation entails an experiment not just in bacteriology, but also in this other response has suddenly made the clinical surgeon aware of the practicality of the contributions from the fields of biochemistry, endocrinology, physiology and metabolism which have been accumulating in increasing crescendo since the time of Vesalius. He made one feel that the door to an exciting future is open.

* * *

A man can be sawed in half and either half sent back to bed if one can credit the enthusiasm of many present day cancer surgeons. Without belittling the desirable aspects of an aggressive approach to malignant disease Grantley Taylor spoke for the tethering of this enthusiasm in the interests of the alleviation of human suffering

and in line with the tenets of ordinary common sense. Routine hindquarter amputation for melanoma of the toe or total gastrectomy for *all* carcinomas of the stomach may render useless more individuals than will more limited operations with lower "cure" rates. Another example of this is the routine dissection of the anterior mediastinal nodes in carcinoma of the breast.

Ill-conceived surgery designed to treat the emotions of the surgeon should be avoided. An example is removing multiple metastases from the liver, a procedure which he characterized by the Taylorism of "trying to curette the blueberries out of a muffin." Prophylactic surgery has been given a boost by cancer detection clinics. Too many breasts and uteri are removed on pseudo-prophylactic grounds. A plea for some degree of temperance here was made. His final point was that proper surgical technique and a training in values are more important in this radical field where both "suburban" and "academic" surgeons trespass too freely.

But who can put Grantley Taylor on paper?

* * *

Thoroughness, organization and an open mind must be combined with a sharply focused sense of human relationships in respect to the patient and his family. This is the secret of good cancer research according to Sidney Farber. A highly geared investigative team was described and we were given a glimpse into the endless labyrinth which it is necessary to traverse in order to test even the promising chemotherapeutic compounds. He sketched for

us in his ambassadorial manner the type of promise given by such drugs as triethylene melamine, adrenocorticotrophic hormone, and the folic acid antagonists, stating that in acute leukemia the latter had caused improvement in 68% of the cases.

* * *

And Johnny Homans for sauce! How insipid our victuals would be without him!

He has never, he said, been able to keep in step with the cycle of surgical teaching which tells us to teach the students not facts but "dangerous things".

The cycle of poetry in Harvard Medical School has had a long wavelength from Oliver Wendell Holmes to Merrill Moore.

Salty reminiscences of Henry Jacob Bigelow, of Councilman Harvey Cushing, and Richard Cabot, next held our attention. In line with the theme of the afternoon, namely, communications, he remembered that in bygone days attempts were made by the Harvard Faculty to keep them open. But the only Harvard man that had been able to get a job working with Pasteur was Sturgis Bigelow! He was successful where others had failed only because Pasteur admired and found useful his abilities as a glassblower!

He said that although the population of this country had grown from 50 to 150 millions in his lifetime the percentage of jackasses in it seemed, as far as one could see, to have remained about the same. And although there were periodic swings and cycles of the numbers of these worthies on the Harvard Medical Faculty, they never were absent and he was happy to accept himself as one of their number. (Protests, loud cheers, and wild applause).

Harvard Medical Alumni Association Prize



G. Kenneth Mallory, '26 and
David D. Kliever, '51

During the past year the Officers and Council of the Alumni Association unanimously voted to establish an annual Harvard Medical Alumni Prize. This was planned as a means of bringing the Alumni Association and the undergraduates closer together. Arrangements with the Administration of the School have been made which will permit the Council to select the recipient of the Prize from a group of several candidates who have been nominated by the Dean.

The Prize will consist of a check, the amount of which will be voted annually, but which for the immediate future will be set at \$200.00. Accompanying the check will be a letter of congratulations. The form of this letter is as follows:

"Dear Doctor —:

The enclosed check and the congratulations and good wishes which go with it symbolize

the bond of sympathy and friendship which unites the student body and the alumni of the Harvard Medical School. You have been chosen for this award, the Harvard Medical Alumni Association Prize for 195—, because your broad interests, steadfastness of purpose, well-balanced personality and general competence promise that you will be a good doctor and place you among those best qualified to foster the student-alumni relationship. In the words of Sir William Osler you 'divide your attentions equally between books and men.'

Congratulations and good wishes,

/s/ President
/s/ Secretary"

This year the Prize was awarded to David Donald Kliever. At the Class Day Exercises the Prize was announced by Dr. Philip Wilson, president of the Harvard Medical Alumni Association, and the presentation of the Prize was made by Dr. Kenneth Mallory, president of the 25th year class.

David Kliever, the first recipient of the Harvard Medical Alumni Prize, is particularly deserving of the award. He was born March 14, 1917 on the Cheyenne Indian Reservation, Birney, Montana. His father was a Mennonite minister of German stock, whose forbears had migrated to Southern Russia and thence to Western Canada. Kliever was the fifth of six children in a family of three boys and three girls.

During his childhood, Kliever lived in Montana, Washington and Ohio. In 1939 he graduated in physics from Wheaton College in Indiana, where he had supported himself by working for the aerial survey division of the Agricultural Adjustment Administration. At the time of his graduation both he and his younger brother, two years behind him, wanted to go to medical school. With insufficient funds for both to pursue this ambition, they tossed a coin to decide which would go to work and which to medical school. Dave lost the toss. At that moment the flight of an airplane overhead inspired him to go into aviation, and he joined the Marine Corps as an aviator.

Kliwer took flight training at Pensacola, Florida, and received his wings and Marine Corps commission in 1940. He was assigned to Fighting 1, one of the two Marine fighter squadrons then in existence, at San Diego, California. During further training there he became qualified for flying from aircraft carriers on the old Lexington. Late in 1940 he was transferred with his squadron to Honolulu, Hawaii, where he stayed for about a year.

Late in 1941 he was again moved with part of his squadron to Wake Island during the desperate effort to fortify that outpost. On December 7, 1941, with the Japanese attack on Pearl Harbor, the garrison at Wake became expendable. For 16 days Kliwer participated in the gallant defense of the island against overwhelming odds. He sank one Japanese submarine with hundred-pound bombs and machine-gun fire from his fighter plane, and shot down two enemy bombers in air-to-air combat. For these feats he received the Silver Star. When the planes were no longer capable of being flown, Kliwer participated in the defense of the beaches as the flood of invasion swept over the island on December 23, 1941.

A prisoner of the Japanese, he was taken directly to Japan where, after being marched through the streets of Tokyo, he was imprisoned in the prisoner-of-war camp Zensuji. For the next 3½ years he eked out his existence on the starvation rations of Japanese prison camps, waiting

for ultimate rescue. In prison camp his interest in medicine revived, and he spent two hours a day with the camp physician discussing his "assignment" of 10 pages in an old copy of *Gray's Anatomy* which had fallen into his hands. From then on he was determined to become a doctor.

Defeat of the Japanese in 1945 led to Kliwer's release in September. At that time this six-foot ex-football player weighed 110 pounds. He returned to the United States where he regained 70 pounds in two months. He was released from active duty in the Marine corps in 1946 with the rank of major.

In September 1946, Kliwer entered Harvard Medical School, where he was elected president of his class. In January of 1948 he developed a low-grade fever and a pleural effusion which was never definitely diagnosed, but he spent one year recuperating at Raybrook Sanatorium near Saranac Lake. He returned to Harvard to join the class of 1951 in February, 1949. Since that time he has been president of the Harvard chapter of Nu Sigma Nu fraternity, secretary of the Boylston Medical Society, and resident student physician at the New England Home for Little Wanderers. In June he graduated *cum laude*.

Kliwer's plans consist of a medical internship at The New York Hospital, probably further training in pediatrics, and possibly the practice of pediatrics in the Northwest, where his younger brother is an established physician in eastern Oregon.



HARVARD MEDICAL SCHOOL
CLASS OF 1926 REUNION
BOSTON - MAY 1951

CLASS OF 1926

Twenty-fifth Reunion

The reunioning members of the Class of 1926 almost literally sailed into town on May 25. At least the vagaries of New England's climate made a boat a near necessity; for days it had rained and that Friday morning, it poured. But the 65 men and their wives who followed Holmes' advice about our weather and stayed around a while were rewarded with clearing skies and sunshine.

Slightly more than half of those who had graduated 25 years earlier convened early Friday in the Faculty Room, next to the Dean's old office, where a quarter of a century ago, we feverishly hung around one evening to learn our fate. Old friends with only slightly changed appearances greeted each other, were properly badged, relieved of some cash and efficiently steered about by Mrs. Wilson and her helpers from the Alumni Office. Let it be here recorded, and with my personal thanks, that said office did everything, did it well, and made running a reunion quite simple. All alumni should give this organization due credit and support.

We then got pictured—at least most of us made Amphitheater E; but I suspect Dot Murphy's charm kept a few from making this photographic blitz. Henry Christian very obligingly made the 49th man in our class picture; and damned if he doesn't look as well preserved as any of us. He also gave us some good advice on how to retire. We were rewarded too with Merrill Sosman's wit and Jim Means' talent as an extemporaneous speaker. Our thanks to these former teachers; it was good to see you all again.

The Class then paddled out to The Country Club, Brookline, where wives and guests joined us in a "short snort" but a long lunch. Following this, we theoretically returned to the School to listen to a formal program by Faculty luminaries; but this reporter can give no account of these learned lectures. He was kidnapped by the California delegates!

Anyone can guess what transpired in the late afternoon, but few realized how long this cocktail hour would last. It was a very nice period, a pleasant and orderly party, made especially so by the charm and informal graciousness of Trygve and Harriet Gundersen.

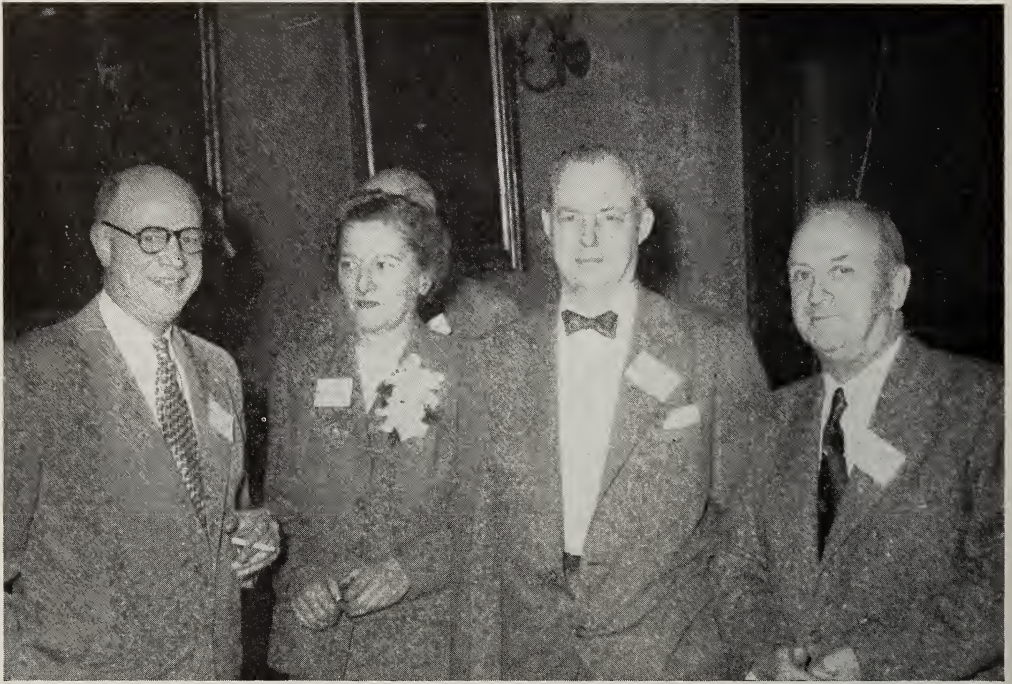
Husbands and wives then broke up: the former going to the Harvard Club, the latter to dinner at the Junior League and an evening at Boston's well-known "Pops." At our dinner Ken Mallory attempted unsuccessfully to control the gang and get some definite action on future plans; but more of this in a later report to the Class. Then Dan McSweeney took over and did an outstanding job for the rest of the evening as toastmaster. Thanks, Dan!

The banquet marked the formal ending of the reunion festivities; but 1926 also had a part in the Class Day Exercises the following morning, when Ken Mallory as president of the 25th year Class presented the first Alumni Prize to David D. Kliever, '51.

The whole program went off smoothly. I hope everyone who came back enjoyed it as much as I did. Thanks to you all for coming and thanks to everyone who helped in any way.

HENRY E. GALLUP, *Secretary*

At the twenty-fifth reunion



Henry E. Gallup, Mrs. K. B. Wilson, G. Kenneth Mallory and William C. Boeck



Laurence B. Ellis, Aristocles G. Augustine, Theodore L. Badger and Ralph E. Wheeler

Reunions

Fiftieth Reunion

The Class of 1901 celebrated its 50th Reunion on May 25. A few of the members enjoyed the hospitality of the Alumni Association at luncheon and attended the symposia in the afternoon. In the evening the usual class dinner was held at the Harvard Club, with the chairman, David Cheever, presiding and sixteen members present. After the dinner, Cheever, as toastmaster, called for a silent tribute, standing, to the five members we had lost during the previous year. He then gave us some interesting reminiscences of our years in the Medical School. The secretary reported on the 1950 meeting and stated that the Class now numbered 46 living members.

A pleasant feature was the welcome to a delegation from the Class of 1936, celebrating their 15th Reunion, bringing the greetings of the Class of 1936 to 1901. They were F. Sargent Cheever, Dwight E. Harken and Lewis Dexter.

The toastmaster then called on others present for informal talks on their past and present activities, which included a poem by Evans. After voting for another reunion in 1952 the meeting adjourned.

HORACE BINNEY, *Secretary*

Forty-fifth Reunion

The Class of 1906 celebrated its forty-fifth reunion on May 25, in conjunction with the Alumni Day festivities. The Class was well represented at the Alumni Day luncheon with a delegation of ten. Later, at the reunion dinner at the Harvard Club, the following members were present: William B. Bartlett, John M. Birnie, Harold G. Calder, Merrill E. Champion, Laurence D. Chapin, Channing Frothingham, Henry W. Godfrey, Frank A. Hamilton, William E. Ladd, Daniel F. Maguire, Charles G. Mixter, Dunlap P.

Penhallow, Charles A. Reese, Edward H. Risley, John C. Rowley, Arthur H. Ruggles, Horace P. Stevens and Philip H. Sylvester. Cards of greeting were received from Walter M. Boothby, Arthur N. Collins, Ralph H. Goldthwaite, Jerome S. Leopold, Bradford H. Peirce and Henry C. Pillsbury.

HORACE P. STEVENS, *Secretary*

Fortieth Reunion

After enjoying the Alumni Day program, both intellectually and gastronomically, 1911 adjourned to the Harvard Club and had its dinner in the Bartlett Room. Thirty members of the class attended and Philip D. Wilson, '12, President of the Alumni Association, was present as a guest. His class was not having a special reunion this year, therefore 1911 offered him its hospitality.

Conrad Wesselhoeft acted as toastmaster and Paul D. White offered the post-prandial piece de resistance, which took the form of an illustrated talk on the history of the Class, with particular reference to school days.

The names of twenty-six deceased members were read and comment was made thereafter on the non-medical but very distinguished career of Ernest Gruening, Governor of Alaska. The members of the Class expressed their admiration of Gruening and sent him the following telegram:

"We thank you for your letter. We send our love and admiration. We regard you as good Presidential timber. We recognize the importance of being 'ernest'."

"Classmates of 1911"

So good a time was had by those members who attended that a resolution was passed that henceforth the Class would plan to hold a dinner annually until all are dead.

J. HOWARD MEANS, *Secretary*

Reunion Dinners at the Harvard Club of Boston



1901



1911



1916



Members of 1916 in the Faculty Room

Thirty-fifth Reunion

The Class of 1916 was one of the earlier classes to organize its twenty-fifth anniversary reunion. This was done in 1941, less than six months before Pearl Harbor. Celebration of the thirtieth was considered in 1946 but was deemed impracticable because of current transportation difficulties.

Came 1951. This year the Alumni Association did most of the basic work in organizing reunions for the five year anniversary classes, and 1916 is grateful to Mrs. Wilson and her office for the success achieved on Alumni Day.

Records of the University credit the Class of 1916 with seventy-six graduates. While this is an accurate picture of the number of M.D.'s awarded that year, it includes fifteen graduates who were "socially" members of earlier classes and fails to include seven who did not receive their degrees with the Class. Accordingly the "official" list of the surviving members of the class handed to the secretary in January included only fifty names. It should have included fifty-three.

Of the fifty-three surviving graduates, twenty-four appeared for dinner at the Harvard Club Friday, May 25. Briggs, Butler, Calvin, Churchill, Goethals, Harding, Lacey, Lowry, Lyon, Nichols, Putnam, Rapport, Taylor, J. H., Waite, Weld, Wilbur and Withington represented New England. Dillon struggled to the surface from Philadelphia. Golden, Gregg and Langmann came from New York. Hamilton and Morris represented the South, the former from North Carolina and the latter from Georgia. McIntype appeared from Minnesota.

The Class noted with regret the deaths of the following classmates since graduation:

Howard E. Settle,	1920
Ward Stanley Wells,	1929
George H. Bigelow,	1935
Dennis R. W. Crile,	1938
Harris H. Vail,	1939
Barclay W. Moffat,	1942
Eldon M. Findley,	1943
B. Price Hurst,	1943
Carl T. Harris,	1945



1921



1931



1936

George L. Tully, 1948
 William H. Barrow, 1950
 Paul Gustafson, 1950
 Clarence M. Grace, 1950

Heyman, Koefod, Oberg, Osgood, Peabody, Redway, Ricci, Roberts, Scholl, Stidger, Taylor, A. S., and Watt all sent letters or cards regretting their inability to be present. Gilbert, Houston, Hussey, Nissen, Parker, Ragle and Savage had been expected at dinner, but for various reasons did not arrive. Tom Lanman regretted his absence but was unavoidably in Los Angeles at the time. Hodgdon from Pasadena sent a cryptic telegram on May 24 as follows: UNABLE TO GET EASH FOR REUNION—REGARDS TO EVERYONE. It is hoped that "EASH" was a misprint for "EAST" and not for "CASH." To the regret of everyone Henry Viets was in the hands of the surgeons at the time of Alumni Day, but to the joy of everyone he is rapidly convalescing.

Only Aronson, Aschmann, Biascoechea, Findley, W. M., Fogg, Goffin and Learned were not heard from. However, 1956 is another year!

THOMAS R. GOETHALS, *Secretary*

Thirtieth Reunion

How it rained in Boston on Friday, May 25! Despite the muggy weather, many members of the Class and their wives gathered in the tent erected on the Quadrangle at the Medical School where the Alumni Association had provided luncheon.

Following this, the groups divided, some going to the surgical meeting and some to the medical. It is interesting to note that there has been no basic change in the Medical School physical set-up. We did note, however, that instead of the long-continuing open corridors, dividing walls have been placed within each building. This is presumably to reduce fire hazards. The amphitheaters are still the same, but perhaps a bit more worn and a bit more dingy looking than thirty years ago. A paint job would certainly do a lot! The

meetings, however, were excellent and definitely stimulating. Our own Bill Castle was moderator of the medical symposium and Herrman Blumgart gave an interesting clinical account of recent advances in therapy as determined at the Beth Israel Hospital.

As in 1946, members and wives were royally entertained at the Kazanjian home on Belmont Hill. There was liberal provision of cocktails and hors d'oeuvres, followed by lantern slide views of Kodachrome shots taken at the 25th Reunion. The party started with a gentle restrained hum; but gradually, the tempo and sound increased, and there was some difficulty in getting the group to leave for the Hotel Continental in Harvard Square at seven. The universal mood was optimistic and youth was riding high!

The following members, many accompanied by their wives, attended the dinner and dance at the hotel: Alexis M. Bagusin, Clair S. Bauman, Aubrey C. Benjamin, Herrman L. Blumgart, Howard Boyd, Robert W. Buck, Randolph K. Byers, William B. Castle, Willard A. Chipman, Jean A. Curran, Ralph DiLeone, Jacob L. Grund, William N. Hughes, Doyle Joslin, Varaztad H. Kazanjian, LeRoy D. Long, Maurice Lugitch, Maxwell E. Macdonald, Tracy B. Mallory, Harold R. Merwarth, Frederick M. Miller, Thomas H. Nelligan, Frank R. Smith, Lee E. Sutton, Jr., Horatio B. Sweetser, Jr., Charles Sziklas, Augustus Thorndike, Aaron Thurman, James H. Townsend, Denver M. Vickers, Alfred H. Washburn, Samuel R. Webber, William A. White, Jr. and Philip D. Woodbridge. Sam Webber acted as toastmaster and master of ceremonies.

During the evening we elected Frank Smith as vice-president to fill the vacancy caused by Bill Manuel's death. We also took another step which has valuable possibilities as far as permanent records of the Class are concerned. We decided to publish some type of class record on this 30th anniversary. We hope to get biographies from all the living members and as com-

plete records as we can of those who have died since graduation. We unanimously elected Phil Woodbridge as class historian. He expressed a reluctance to accept, but the vote was overwhelming and he very gracefully gave in. It is to be remembered that it was Phil who started the Class Book idea at the time that we graduated. Since then, every subsequent class has had a book, more or less patterned on our original.

It was also voted to raise money to cover the expenses of collecting this data and a start was made at the dinner. Everyone present was assessed \$25.00. After all expenses are taken out, the reserve is to be used toward the expenses of the forthcoming book. We think that at this point it should be emphasized that the individual co-operation of all class members in furnishing a biography with factual data is of the utmost necessity. If Phil Woodbridge has been gracious enough to undertake the collection and editing of this material, certainly each of us should do everything he can to make his job easier. Eventually, we will probably want a picture of every member. When the time comes that we have sufficient information to estimate the expense, it will be prorated for the members who were not at the dinner. At present, the treasurer reports a balance of \$401.50.

We feel we can speak for all who attended when we say that the whole reunion was a happy one. Should we not start planning for a 35th, with the idea of having every living, well member of the class present?

HAROLD R. MERWARTH, *Secretary*
MAXWELL E. MACDONALD,
Reunion Committee

Twentieth Reunion

On Friday May 25, the Class of 1931 celebrated its twentieth anniversary by attending the Alumni Day exercises at the Medical School and by meeting in the evening for a reunion dinner in the Aesculapian room of the Harvard Club.

The Alumni Day exercises were an innovation well organized, well attended, and well enjoyed, despite the persistent rain brought in by a three-day northeaster. Lunch under a marquis on the School lawn provided a unique opportunity to meet with Faculty and with friends from other classes.

The dinner was attended by 42 of our 124 living members. With few exceptions, the men who could not attend sent messages, which arrived in time to be circulated among the diners. Let those few who were conspicuous by their reticence as well as absence know that they too were fondly remembered one and all. While their names and the names of the diners, among whom sentiment and spirits flowed so freely, will be forgot, the names of the senders of messages will be immortalized by abstracts of their messages in the alumni notes of this journal. After the dinner, Dean Berry joined us, to give some men an opportunity to meet him for the first time and to give us all an eye-opening account of present day medical school finances. As medical students, though we may not have known it then, we were living in financially halcyon days. His talk gave grave significance to the funds which we, along with other classes, are raising as a contribution to the School. By way of background for conversation after Dean Berry's talk, we were shown a cinematographic biography of the great 200-inch mirror of the Mount Palomar observatory. This extraordinarily interesting movie was secured for us by Hap Kennard from the film library of the Museum of Science of which he is a director and of which the new buildings are rising at the lower end of the Basin, clearly visible downstream from the water-front windows of the Phillips House or the roof of the Baker.

May the success of our 20th reunion be precursor of still greater success for our 25th.

JOHN A. ABBOTT
CHARLES H. BRADFORD, *Secretaries*

Fifteenth Reunion

Thirty-nine men of H.M.S. '36 celebrated their fifteenth reunion this year, dining together at the Harvard Club on the evening of Alumni Day. The bulk of those present were from Boston and nearby communities, although a few energetic men from more distant spots responded to the urge to visit again with old friends. Tom Dublin flew over from New York City late in the afternoon following a committee meeting of the National Health Council of which he is Executive Secretary and Sarge Cheever made the trip from Pittsburgh. Henry Laudig was up from New Jersey. Hebbel Hoff, always faithful to the reunion call, gets credit for making the longest journey, traveling all the way from Houston, Texas.

Following an hour or so of quickly renewed acquaintance and good fellowship around the cocktail table, where drinks were consumed on the average of $3\frac{1}{2}$ per man according to a bill later received, we were entertained at dinner by our genial and portly toastmaster, Tom Caulfield, who kept us in a merry humor all evening with his repertoire of delightful stories told through a broad Caulfield smile in dialect varying from Irish vs. Cockney English to deep South vs. Gloucester Yankee. In fact so superb was Tom in his role of toastmaster that he was unanimously acclaimed as permanent Class Toastmaster.

Howie Ulfelder, originally appointed committee chairman to arrange for our class 25th anniversary gift, reported the change in Alumni Council policy whereby the 25th anniversary gift may be replaced by an annual active campaign for contributions from all Medical School alumni to the newly established Harvard Medical School Fund. All contributions received from '36 class members will be credited to the Class of 1936. Howie will be the Class Agent to stimulate our yearly ante and will keep us posted regarding the amounts we raise as a class to help defray the Medical School's yearly deficit caused by mounting costs of educating a doctor. Howie

promised us we shall hear more of this plan in the near future.

During the evening Dr. Means paid us a visit to say cheerio from the forty-year class and Dr. David Cheever sent his greetings, unable to be present himself on account of his attendance at his own 50th reunion. Dr. Chester Jones, our Faculty guest for dinner, admirably gave the finishing touches to an evening in which the gastrointestinal tract, in one way or another, had flavored all stories. Dr. Jones showed he could tell a story with the rest, then went on in a more serious vein to give us some ideas about modern gastroenterological research.

In short, H.M.S. '36 had a happy 15th reunion, an evening of warm good fellowship, reminiscence, and festivity among old friends.

BARNARD P. TODD, *Secretary*

Tenth Reunion

The Class of 1941 celebrated its tenth reunion on May 25 and 26. On the 25th, thirty doctors and twenty-six wives attended the dinner at the Weston Golf Club, which was under the aegis of Jack Byrne and proved to be a vigorous evening. The following afternoon 35 families attended a beer picnic at the Culvers' farm. Balloons, kites, baseball and pony rides delighted a large but uncounted number of children, none of whom were heard to weep all afternoon. Thirty-eight attended the class dinner at the Harvard Club that evening, when our first formal meeting in ten years was held. Dean Berry gave us an excellent, detailed, but heart rending account of medical education finances.

Jack Schilling appeared from Rochester, New York, to preside at the meeting. Since the death of Gordon Bennett, our secretary-treasurer, the office had been vacant. It was voted to divide the job; Culver was elected treasurer and Prout secretary.

The question of holding an annual dinner was raised; the majority seemed to favor this idea. We hope, if finances permit, to send an annual news letter to each



1941



1946

classmate. Culver is extremely anxious that everyone who has not done so, complete his questionnaire and send it in, so that we may have a report on the Class to send to every member.

CURTIS PROUT, *Secretary*

Fifth Reunion

Familiar faces from five years ago congregated beneath the big top out in the Quadrangle of the Medical School on Friday, May 25, for a luncheon sponsored by the Alumni Association. Instead of marching in our old parade ground, we dodged raindrops which frequently found their way through the canvas. In this rather carnival atmosphere we came to the realization that most of those present were living and working in the Boston area, although only Paul Fremont-Smith has actually settled down to practice here.

The big event, however, was the dinner at the Harvard Club, Saturday evening, May 26. Almost a third of the Class managed to attend. The atmosphere was that of a group of medical students getting together after not having seen one another for some time, without many changes apparent in size, shape or attitude. Nobody seemed stuffy, wealthy or quite bald.

After cocktails, with the many handshakes and an occasional struggle for the name that belonged to a familiar face, a lively discussion of politics and medical affairs ensued over fruit, fowl and ice cream. Then came the inevitable pose for the one unprejudiced observer present, the camera, who only proved that we are aging—and before any cure can be found!

Then each classmate related, in turn, his course during the interim since medical school, and information regarding many unable to attend was volunteered. One was left with the overall impression that

most fellows have at least served their internships, plus the two-year stint in the armed services, and have now resumed their formal training in their chosen specialty. As far as I know, Bill Strand is the only one in our Class who left the big city to settle down in general practice in a small community; he has been recalled into service, with the Army this time, and is awaiting overseas orders. Norv Christy should be mentioned as a special type of practitioner who, in Pakistan as a medical missionary, has probably seen more patients than any of us. Despite the long and impecunious years of training, most of us are married and measure our productivity in terms of progeny rather than published papers. Most of those present are still living in the Boston area, but almost all are in doubt as to where they will finally settle. There was one fact on which all agreed, none would settle in Texas, except Matt Kreisle and John Finkenstadt. Jim Donald is talking about the Northwest!

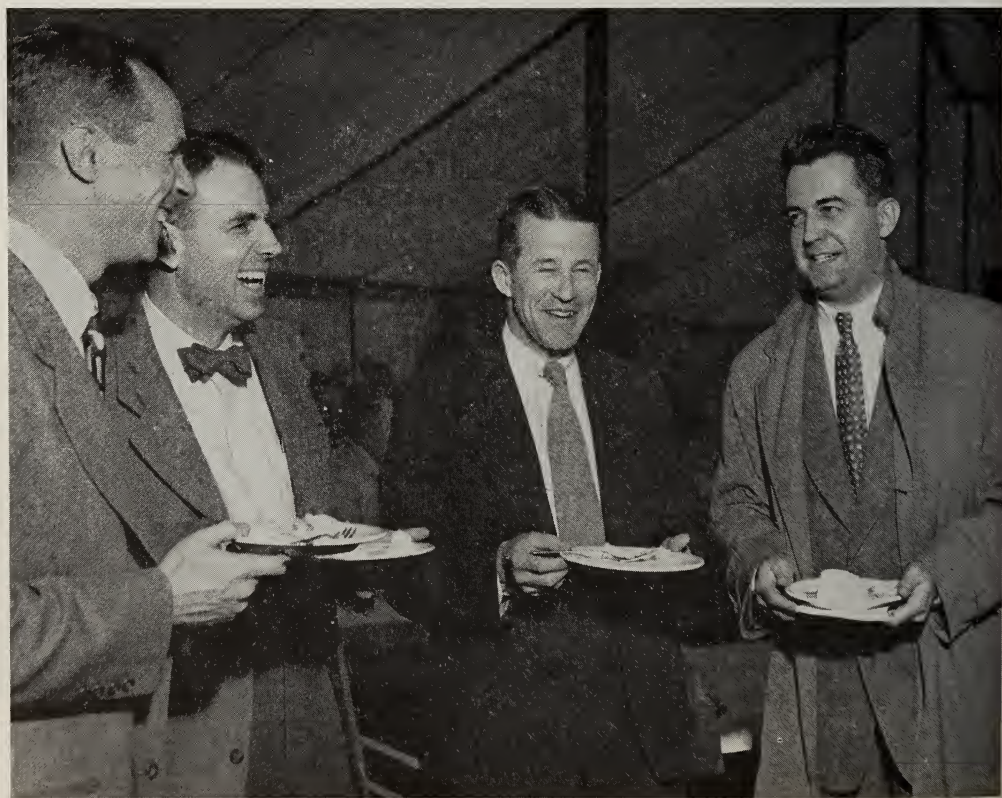
Logically enough, the building surgeons were all eager to cut, the psychiatrists were conspicuous by their absence and the urologists delivered some of the best jokes; but the high (or low) point of the evening came when Jere Mead related his true-life stories of the rigorous life in the Frozen North during his climatic research in the Army!

Since a class report is being compiled by Les Corsa, Ted Radford and Fred Goetz, to sell for one dollar, there is little point in mentioning more about individuals here. Suffice it to say that a good time was had by all and that we may hope that our tenth reunion will find as many able to re-congregate in just as good a state of preservation.

GEORGE A. SAXTON, JR.



1941—(ABOVE)—*The lunch is free.* Joseph Rogers, Henry S. Fuller, Perry J. Culver and Carl E. Taylor. (BELOW) *The tent leaked but we had rain insurance.* Peter H. Knapp, Harry H. Miller, John Homans, Jr., and H. William Scott, Jr.





Robert E. Olson, '51, magna cum laude, winner of the Borden Prize Award with his wife and children at Class Day Exercises



CLASS DAY EXERCISES

